

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: EXERCISE REPETITIOUS MOTION  
COUNTER  
Attorney Docket Number:: 5502-1001  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED STATES OF AMERICA  
Status:: Full Capacity  
Given Name:: MARTHA  
Middle Name:: Z.  
Family Name:: MARTINEZ  
City of Residence:: WEST JEFFERSON  
State or Province of Residence:: OHIO  
Country of Residence:: UNITED STATES OF AMERICA  
Street of Mailing Address:: 710 TAYLOR BLAIR ROAD  
Address::  
City of Mailing Address:: WEST JEFFERSON  
State or Province of Mailing Address:: OHIO  
Country of Mailing Address:: UNITED STATES OF AMERICA  
Postal or Zip Code of Mailing Address:: 43162

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED STATES OF AMERICA  
Status:: Full Capacity  
Given Name:: KATHRYN  
Middle Name:: SUSAN  
Family Name:: EATON  
City of Residence:: WEST JEFFERSON  
State or Province of Residence:: OHIO  
Country of Residence:: UNITED STATES OF AMERICA  
Street of Mailing Address:: 710 TAYLOR BLAIR ROAD  
Address::  
City of Mailing Address:: WEST JEFFERSON  
State or Province of Mailing Address:: OHIO  
Country of Mailing Address:: UNITED STATES OF AMERICA  
Postal or Zip Code of Mailing Address:: 43162

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number:: 000466

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/276,039	3/16/01

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::